

GHANA AND HIV/AIDS

Key Talking Points

Ghana has a growing HIV/AIDS epidemic that could threaten substantial political and economic progress made in the 1990s.

- An estimated 400,000 Ghanaians are currently living with HIV.
- At current rates of infection, by the year 2000 there will be 62,000 cases of AIDS, and by 2005, 1.2 million people will be living with HIV.
- The HIV prevalence rate among STI patients is 9.5 percent.
- The HIV prevalence rate among sex workers in Accra is 75.8 percent.

AIDS Deaths UNAIDS estimates that 180,000 cases of AIDS and 170,000 AIDS-related deaths have occurred since the beginning of the epidemic. Life expectancy at birth is 54 years for males, and 58 years for females.

Women and HIV/AIDS At the end of 1997, 100,000 women (15 to 49 years old) were living with HIV/AIDS. The HIV prevalence rate among antenatal women is 2 to 4 percent. Until recently, the ratio of HIV-infected men to women in Ghana was consistently 1:2. The incidence is now increasing among Ghanaian men, bringing the ratio of men to women to 1:1.4.

Children and HIV/AIDS The high rate of HIV infection among women has led to a vast increase in the pediatric HIV prevalence rate. Approximately 85 percent of Ghana's pediatric cases are attributed to vertical transmission. As of June 1998, 387 pediatric AIDS cases have been reported; 10,000 children under age 15 are living with HIV/AIDS; and 130,000 children under age 15 have become orphans due to AIDS since the beginning of epidemic.

Youth and HIV/AIDS Most HIV/AIDS cases in Ghana are young people. Peak ages for AIDS cases are 25 to 29 for females and 30 to 34 for males. By the end of 1998, 3,763 cases of AIDS in 15- to 24-year-olds had been reported to the Ministry of Health.

USAID is a major donor to HIV/AIDS prevention in Ghana, contributing \$2.4 million in FY 1998. Through USAID support, Ghana has developed one of the most advanced national HIV/AIDS/STI sentinel surveillance systems in Africa. In addition, USAID-provided condoms are currently available in all government health facilities and through 4,000 retail outlets nationwide.

National Response Lack of widespread access to health services and basic education are major obstacles to HIV/AIDS prevention in Ghana. There is consensus among Ghanaian officials and foreign donors that not enough is being done to slow the spread of HIV, and that a multisectoral approach to the epidemic is essential. Operationalizing that principle is the key challenge facing the country.



**U.S. Agency for
International Development**
**Population, Health and Nutrition
Programs**
HIV/AIDS Division
1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health



**Implementing AIDS Prevention
and Care (IMPACT) Project**
Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516-9779
Fax: (703) 516-9781
URL: www.fhi.org

GHANA AND HIV/AIDS

Country Profile

Ghana is a leader in promoting economic reforms and establishing political stability in Africa, and a key ally of the United States in promoting peace in sub-Saharan Africa. Ghana is also one of the most important U.S. trading partners in the region. Although political and economic progress in Ghana has been substantial in the 1990s, the country continues to face many of the severe challenges to development that afflict the region as a whole, including rapid population growth, widespread poverty, and generally poor health conditions.

The 1998 United Nations Human Development Index, which measures life expectancy, adult literacy, and per capita income, ranks Ghana 133 out of 175 countries, making it one of the poorest countries in the world. With a natural growth rate

of 2.9 percent, the current population of 18.9 million is expected to double in 24 years.

The overall health status of Ghanaians remains low, due mainly to widespread poor nutrition, poor environmental sanitation, and unsafe water. An estimated 40 percent of the population has no access to modern health services. Tuberculosis (TB), malaria, and sexually transmitted infections (STIs) are also widespread. Improving child nutrition, exclusive breastfeeding, immunization coverage (with special emphasis on the eradication of polio), and infant diarrhea management are major targets of the current government health strategy, in addition to family planning and HIV/AIDS prevention programs.

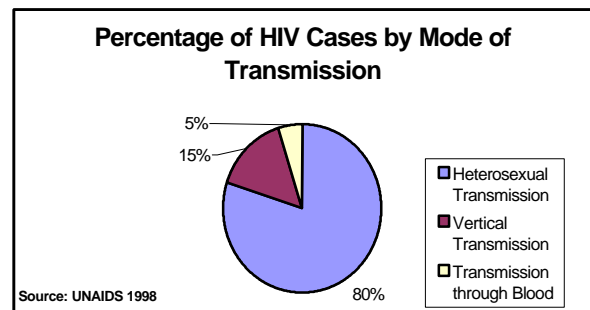
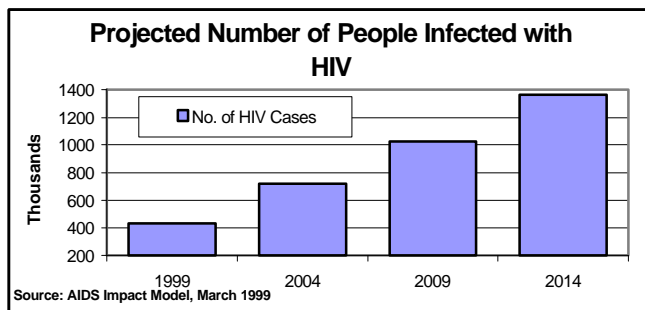
HIV/AIDS in Ghana

The first AIDS cases were reported in Ghana in 1986. According to the 1999 National AIDS Impact Model (AIM), an estimated 400,000 Ghanaians aged 15-49 are currently living with HIV. At current rates of infection, it is estimated that in the year 2000 there will be 62,000 new cases of AIDS, and by 2009, more than 1 million people will be living with HIV.

- Approximately 114,000 people have died of AIDS since the start of the epidemic. By 2014, more than 1.1 million people will have died of AIDS.

- An estimated 24,000 AIDS-related deaths occurred in 1997 alone.
- In 1996 the HIV prevalence rate among STI patients was 9.5 percent.
- In 1996 the HIV prevalence rate among sex workers in Accra was 75.8 percent.

More than 90 percent of men and women are aware of HIV/AIDS transmission mechanisms. However, the major behavioral changes needed to slow transmission rates have not yet occurred.



GHANA AND HIV/AIDS

Surveillance reports indicate that the HIV prevalence rate is currently 4 percent of the general population.

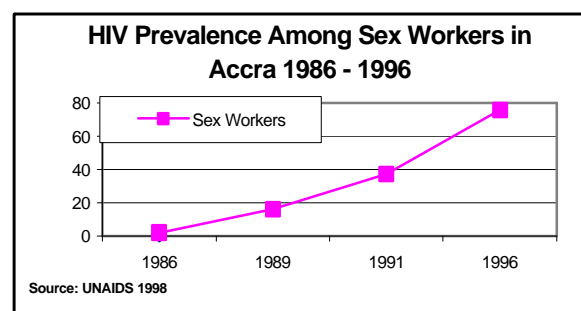
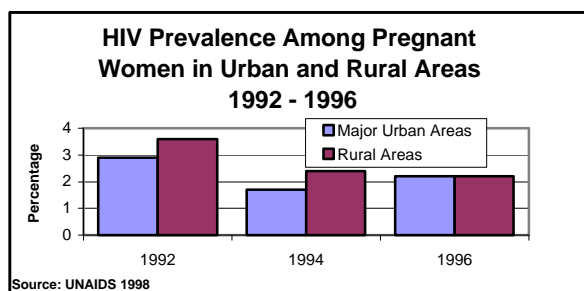
People living with HIV/AIDS (PLWHA) cannot afford drugs prescribed for the treatment of opportunistic infections. Antiretroviral treatment is not yet available in Ghanaian health facilities, and there has been very little training for clinicians providing care and support to PLWHA in the various health facilities.

Infant mortality remains high at 56 per 1,000 live births, and the fertility rate is 4.5. Although advances have been made in recent years in the provision of family planning services, overall use of modern contraceptives remains low, at about 11 percent. Life expectancy at birth is 54 years for males, and 58 years for females.

Women and HIV/AIDS

Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at increased risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound their vulnerability.

- More than 200,000 women are living with HIV/AIDS.
- The HIV prevalence rate among antenatal women in major urban areas is 2 to 4 percent.



The migration of Ghanaian women to find work has played a significant role in the increased incidence of HIV infections in Ghana, particularly female sex workers migrating to Côte d'Ivoire, which has the highest HIV prevalence rate in all of West Africa. Some reports indicate the ratio of men to women at the beginning of the epidemic was as high as 1:5. Until recently, the ratio of HIV-infected men to women in Ghana was consistently 1:2. The incidence is now increasing among Ghanaian men, bringing the ratio of men to women to 1:1.4.

Children and HIV/AIDS

The high rate of HIV infection among women has led to a vast increase in the pediatric HIV/AIDS-prevalence rate. Approximately 85 percent of Ghana's pediatric cases are attributed to vertical transmission. Drugs used to prevent the transmission from mother to child are not available. The remaining 15 percent of pediatric

cases are attributed to contaminated blood transfusions and equipment.

- 10,000 children under age 15 are living with HIV/AIDS.
- 126,000 children under age 15 have become orphans due to AIDS since the beginning of epidemic.

GHANA AND HIV/AIDS

In addition, overall poor health conditions in Ghana make children more susceptible to opportunistic infections.

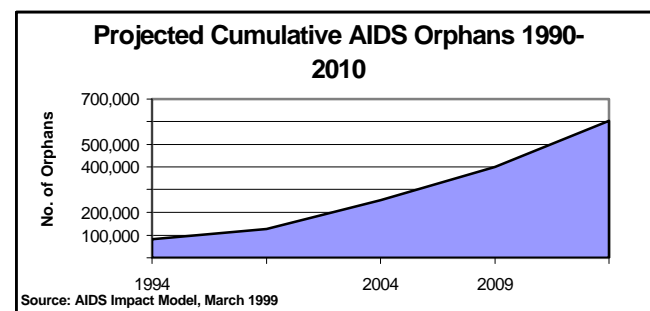
- 27 percent of children under age 5 suffer from malnutrition.
- 35 to 40 percent of children have not been fully vaccinated.
- As of June 1998, 387 pediatric AIDS cases have been reported to the NACP.

Youth and HIV/AIDS

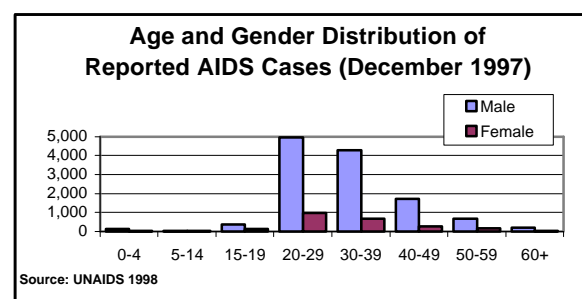
Most HIV/AIDS cases in Ghana are in young people. Peak ages for AIDS cases are 25 to 29 for females and 30 to 34 for males. It is worth noting that 3 percent of the reported female AIDS cases are 15 to 19 years old: Clearly, some girls are becoming infected at age 10.

- 3,763 cases of AIDS is 15- to 24-year-olds have been reported to the Ministry of Health.

Due to the rapidly changing social environment in Ghana and to the vulnerability of youth to both HIV infection and early, unwanted pregnancy, efforts must be aimed at promoting positive



behavior change among youth. While knowledge of AIDS is high, perception of personal risk among young people is low and high-risk sexual behavior remains prevalent.



Socioeconomic Effects of HIV/AIDS

About 90 percent of reported AIDS cases are 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

There are also many private costs associated with AIDS, including expenditures for medical care,

drugs, funeral expenses, etc. The death of a family member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. And AIDS adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS refer to the *analysis* presented by the Policy Project.)

Interventions

National Response

The Ghanaian government established the NACP in September 1987 to coordinate a national response to the HIV/AIDS epidemic. A Short Term Plan was elaborated for 1987-1988, followed by two Medium Term Plans for 1989-1993 and 1996-2000.

The following strategies and interventions have been adopted by the NACP for the prevention and control of HIV/AIDS and other STIs, within the framework of the Medium Term Plan 1996-2000:

- Promotion of safer sexual behavior
- Provision of condoms
- Promotion of early diagnosis and adequate treatment of STIs
- Promotion of actions to reduce the need for blood transfusion
- Promotion of infection control
- Prevention of perinatal transmission
- Strengthening of health services to provide clinical and nursing care
- Strengthening the provision of social support for PLWHA
- Prioritization of issues pertaining to women, children, youth, and other marginalized groups

A joint UNDP/USAID/Ministry of Health assessment of the national response to HIV/AIDS was conducted in 1998. The Ghanaian government has endorsed recommendations made as a result of the assessment to achieve an effective, multisectoral, expanded response.

The following elements are part of the multisectoral response:

- The Ministry of Education has adopted a policy to integrate Population and Family Life

Education (including HIV/AIDS/STI issues) into existing curricula for primary, secondary, and post-secondary schools.

- The Ministry of Employment and Social Welfare is addressing the issue of AIDS in the workplace and the District Response Initiative.
- The Ministry of Youth and Sports has included HIV/AIDS in its policy document and is undertaking activities targeting youth.
- The Ministry of Agriculture has developed a proposal to educate extension workers and farmers.

In addition, the STI program was integrated into the NACP, treatment guidelines have been developed, and training of health workers has been initiated. One STI clinic has been established in each of the country's ten regions to serve as district referral centers. STI drugs have been included in the essential drugs list in order to make them more accessible to clients and facilitate syndromic management of STIs. The NACP is also in the process of improving the STI reporting system.

A counseling system has been instituted at both the regional and district levels to provide psychosocial support to PLWHA and their families. Counseling and home-based care manuals have been written by the NACP, and mission hospitals provide care and support services to PLWHA, many of them extending services to the home. However, the government has yet to fully establish a structure for the provision of home-based care services.

Donors

Multilateral and bilateral donors are actively engaged in HIV/AIDS activities in Ghana. According to a UNAIDS/Harvard University study,

bilateral organizations contributed the following amounts in 1996-97:

GHANA AND HIV/AIDS

Organization	Amount US\$ 1996-97
USAID	1,452,000
European Union	1,234,358
DFID	168,484
Germany	110,000
Royal Netherlands Embassy	60,700
Danish Embassy	56,700
CIDA	33,000
GTZ Regional Project	3,500
Others	606,068
Total	3,724,810

Bilateral organizations' contributions 1996-1997

USAID's HIV/AIDS funding for FY 1998 was \$2.4 million. As a major donor to HIV/AIDS prevention in Ghana, USAID is building upon success in developing local capacity for diagnosis and surveillance of HIV and other STIs. Following the 1998 review of the national response to the epidemic, USAID developed a strategy that focuses on behavior change among high-risk groups, training health workers in improved detection and treatment of STIs, strengthening laboratory support and surveillance, and active promotion of condom use.

Through USAID support, Ghana has developed one of the most advanced national HIV/AIDS/STI sentinel surveillance systems in Africa. The system includes four public health reference laboratories, located strategically throughout the country, that have been built, equipped and staffed by laboratory personnel trained under this program.

USAID provides grants to local and U.S. private voluntary organizations (PVOs) to build the capacity of the NACP and the National Public Health Reference Laboratory and to support prevention activities aimed at specific high-risk groups. USAID support has also encouraged

further development of the draft national HIV/AIDS policy.

Other HIV/AIDS activities in Ghana that benefit from USAID support include the development and revision of the 1999 National AIDS Impact Model (AIM) and revision of the national essential drugs list and National Formulary.

The European Union (EU) supports the NACP in appropriate management of STI patients in all public health facilities in Ghana by ensuring logistical support (basic equipment, drugs, educational materials, and capacity building), and in conducting information, education, and communication (IEC) activities to encourage clients to seek early treatment for STIs.

The United Kingdom Department for International Development (DFID) supports the NACP in association with the mining organizations and other NGO/community-based organizations (CBOs) in implementing projects in education, condom access, STI treatment and counseling.

The German Technical Cooperation (GTZ) is integrating HIV/AIDS into public health clinics at district levels in Brong-Ahafo, and provides professional advice in public health care/AIDS-related laboratory services, care and counseling, and IEC. GTZ also has a Documentation Center and provides support to inter-country initiatives in the areas of migration, prostitution, youth, PLWHA and African ethics, law, and HIV networks.

The Canadian International Development Agency (CIDA) is executing a program aimed at

USAID-provided condoms are currently available in all government health facilities and through 4,000 retail outlets nationwide. With expanded availability and promotion, condom sales in Ghana increased by 31 percent between 1997 and 1998. The total number of condoms sold through the three major programs supported by USAID—Ministry of Health, Ghana Social Marketing Foundation and Planned Parenthood Association of Ghana—was 7.8 million in 1997

GHANA AND HIV/AIDS

preventing and controlling the spread of HIV among sex workers.

UNAIDS has a coordinating Theme Group which is chaired by a UNFPA representative and includes representatives from FAO, WFP, UNHCR, UNU, UNIDO, and UNIC.

Sector ministries, bilateral donors, nongovernmental organizations (NGOs), private

sector representatives, and other key stakeholders also participate in the activities of the Theme Group, the main tasks of which are to support joint programming and assist in resource mobilization, and monitoring and evaluation of the national response to HIV/AIDS.

Support from the UNAIDS cosponsors in 1996-97 and 1998-99 included the following:

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
UNICEF	421,000	400,000
UNAIDS	350,000	380,000
WHO	96,000	51,000
UNFPA	60,000	350,000
UNDP	53,548	24,000
World Bank	n/a	25,000
Total	980,548	1,230,000

UNAIDS cosponsor support 1996-1999

UNAIDS is working with the NACP and other key stakeholders through a participatory process in the development of a strategic framework. Following the completion of the national framework, strategic plans in the areas of youth and AIDS and women and AIDS will be developed. UNAIDS is also implementing a district response initiative through the development of strategic plans for ten pilot districts.

Other UNAIDS activities include:

- Advocacy and promotion of best practices.
- Mainstreaming of HIV/AIDS into programs.
- Development of workplace policies and guidelines and research on the impact of HIV/AIDS/STI on productivity.
- Support to PLWHA.
- Training of traditional healers.
- Training of doctors in clinical management and counseling.
- Research to assess the efficacy of herbal preparations for the treatment of opportunistic infections.

UNICEF is supporting youth peer-education activities, in addition to an educational program targeting sex workers in the Ashanti Region.

UNDP is conducting a community needs assessment; materials development; training workshops in community mobilization and care and support to PLWHA; and training of community health nurses in home-based care and counseling.

UNFPA assistance includes support for NACP management; integration of Population and Family Life Education into all education levels; incorporation of HIV/AIDS activities into community-based and adult literacy programs; capacity building/training for health program and resources personnel on the management of HIV/AIDS programs; youth peer education activities; and support in policy formulation, implementation, and advocacy.

WHO is involved in disease surveillance and monitoring; training for management of STI; capacity building for initiatives on home-based care; capacity building for IEC activities; support to the NACP for coordination and management; and coordination support for local research into HIV/AIDS transmission and management.

GHANA AND HIV/AIDS

The World Bank is supporting the Ghanaian government's health sector reforms with the ultimate goal of improving the health status of all Ghanaians. In 1997 a loan of \$35 million was

approved for the Health Sector Support Program, \$400,000 of which was dedicated to HIV/AIDS activities.

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

There are a number of PVOs, NGOs and CBOs working in HIV/AIDS prevention in Ghana. USAID supports Family Health International's IMPACT project to provide technical assistance and training to strengthen and support the NACP, the Ghana Police Service, and the Public Health Reference Laboratory in implementing HIV/AIDS prevention activities. Condom social marketing is carried out by the Ghana Social Marketing Foundation. The Futures Group's Policy Project is conducting ongoing socioeconomic modeling using the AIDS Impact Model (AIM). NGOs and CBOs also receive funding from a variety of sources and conduct most of the HIV/AIDS prevention and care

activities in Ghana. *See attached chart for USAID cooperating agencies and PVO target areas in HIV/AIDS. This list is evolving and changes periodically.*

In its attempt to expand the response and improve coordination, the NACP, in collaboration with UNICEF and Save the Children Fund, established GHANET, an association of NGOs, CBOs and government sectors involved in HIV/AIDS. The NACP also formed CHANG, an association of NGOs.

Challenges

There is consensus among Ghanaian officials and foreign donors that not enough is being done to slow the spread of HIV in Ghana, and that a multisectoral approach to the epidemic is essential. Operationalizing that principle is the key challenge facing the country.

Another major challenge is the lack of widespread access to health services and basic education. Reforms to address these problems include decentralization and rationalization of public health and education services.

Other challenges include:

- Coordinating diverse efforts/programs being provided by different agencies (government, NGOs, donors, religious groups, etc.).
- Mobilizing adequate human, financial and material resources.
- Ensuring an active and sustained political engagement.
- Developing and sustaining a comprehensive policy, informed by scientific evidence, which meets the changing needs of the epidemic.

- Addressing critical legal, ethical, human rights and cultural issues associated with HIV/AIDS.
- Minimizing productivity losses resulting from increased levels of morbidity and mortality.
- Addressing the psychosocial and economic needs of individuals (especially children), families, and communities.
- Engaging the general population in an active, sustained, national community-based response.
- Increasing the use of public health care facilities for STI diagnosis and treatment.
- Improving the quality counseling services for PLWHA.

The Future

Although there is an ongoing process of major reform in the Ministry of Health and the entire health sector in Ghana, these institutional changes, as well as the evolving nature of the epidemic, demand a strong, responsive, and flexible NACP, with reinforced management and program capacity. An ongoing review of the NACP, including new and evolving functions, mechanisms for intersectoral collaboration, decentralization and coordination, could be beneficial.

The NACP has assured its commitment to continued sensitization of policy makers and opinion leaders at all levels in order to make HIV/AIDS part of the public agenda and to encourage the commitment of resources for HIV/AIDS/STI prevention and control. In addition to government efforts, community participation at all levels is essential for effective HIV/AIDS care, prevention and support activities.

Important Links and Contacts

1. NACP: Kweku Yeboah, Program Manager, Disease Control Unit, PO Box 493 Korle-Bu, Accra; Tel. (233 21) 66 79 80/66 36 06; email: ntp@africaonline.com.gh
2. UNAIDS: Cynthia Eledu, Country Program Advisor, E 20 2/3 Ringway Estates, 3rd Ringway, Osu, Accra; Tel. (233 21) 23 82 56; email: eledu@ighmail.com



**U.S. Agency for
International Development
Population, Health and Nutrition
Programs
HIV/AIDS Division**
1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health



**Implementing AIDS Prevention
and Care (IMPACT) Project**
Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516 9779
Fax: (703) 516 9781
URL: www.fhi.org

June 1999

Ghana

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
JSI/FPLM					X												
TFGI/Policy Project	X											X					
IMPACT		X		X			X				X		X	X			
PVOs/NGOs																	
PATH	X	X		X	X		X	X	X		X	X	X				
Catholic Relief Services			X	X			X		X					X			
IPPF/WHR				X													
Civil/Military Alliance to Combat HIV/AIDS	X			X				X				X					
Population Action International	X			X													
Medical Mission Sisters	X	X	X	X			X	X	X	X	X	X	X	X	X	X	

KEY:	Advoc.	Advocacy	MTCT	Mother to Child Transmission activities
	BCI	Behavior Change Intervention	Research	HIV/AIDS research activities
	Care/S	Care & Support Activities	Policy	Policy monitoring or development
	Training	HIV/AIDS training programs	STD	STD services or drug distribution
	Cond.	Condom Distribution	VCT	Voluntary counseling and testing
	SM	Social Marketing	Orphan	AIDS orphan activities
	Eval.	Evaluation of several projects	TB	TB control
	HR	Human Rights activities	Other	(I.e. blood supply, etc.).
	IEC	Information, education, communication activities		